PIONEER NURSING HOME 530 RIVER AVENUE S

| PRAIRIE FARM    | 54/62          | Phone: (/15) 455-11/8 |       | Ownership:                        | City    |
|-----------------|----------------|-----------------------|-------|-----------------------------------|---------|
| Operated from   | 1/1 To 12/31   | Days of Operation:    | 365   | Highest Level License:            | Skilled |
| Operate in Con  | junction with  | Hospital?             | No    | Operate in Conjunction with CBRF? | No      |
| Number of Beds  | Set Up and St  | affed (12/31/02):     | 42    | Title 18 (Medicare) Certified?    | Yes     |
| Total Licensed  | Bed Capacity   | (12/31/02):           | 42    | Title 19 (Medicaid) Certified?    | Yes     |
| Number of Resid | dents on 12/31 | /02:                  | 34    | Average Daily Census:             | 36      |
| *****           | *****          | ******                | ***** | *******                           | ******  |

| Services Provided to Non-Residents             |           | Age, Sex, and Primary Diagn | Length of Stay (12/31/02) % |              |                                 |                                       |       |  |  |
|--|-----------|-----------------------------|-----------------------------|--------------|---------------------------------|---------------------------------------|-------|--|--|
| Home Health Care Supp. Home Care-Personal Care | No<br>No  | Primary Diagnosis           |                             | Age Groups % |                                 | Less Than 1 Year  1 - 4 Years         | 44.1  |  |  |
| Supp. Home Care-Household Services             | No        | Developmental Disabilities  |                             | Under 65     | 8.8                             |                                       | 26.5  |  |  |
| Day Services                                   | No        | Mental Illness (Org./Psy)   | 44.1                        | 65 - 74      | 8.8                             |                                       |       |  |  |
| Respite Care                                   | No        | Mental Illness (Other)      | 2.9                         | 75 - 84      | 35.3                            |                                       | 100.0 |  |  |
| Adult Day Care                                 | No        | Alcohol & Other Drug Abuse  | 2.9                         | 85 - 94      | 41.2                            | 2   **********                        |       |  |  |
| Adult Day Health Care                          | No        | Para-, Quadra-, Hemiplegic  | 0.0                         | 95 & Over    | 5.9                             | · · · · · · · · · · · · · · · · · · · |       |  |  |
| Congregate Meals                               | Cancer    | 0.0                         |                             |              | Nursing Staff per 100 Residents |                                       |       |  |  |
| Home Delivered Meals                           | Fractures | 2.9                         |                             | 100.0        | (12/31/02)                      |                                       |       |  |  |
| Other Meals                                    | No        | Cardiovascular              | 8.8                         | 65 & Over    | 91.2                            |                                       |       |  |  |
| Transportation                                 | No        | Cerebrovascular             | 11.8                        |              |                                 | RNs                                   | 9.7   |  |  |
| Referral Service                               | No        | Diabetes                    | 11.8                        | Sex          | 용                               | LPNs                                  | 7.8   |  |  |
| Other Services                                 | No        | Respiratory                 | 0.0                         |              |                                 | Nursing Assistants,                   |       |  |  |
| Provide Day Programming for                    |           | Other Medical Conditions    | 11.8                        | Male         | 35.3                            | Aides, & Orderlies                    | 42.6  |  |  |
| Mentally Ill                                   | No        |                             |                             | Female       | 64.7                            |                                       |       |  |  |
| Provide Day Programming for                    |           |                             | 100.0                       |              |                                 |                                       |       |  |  |
| Developmentally Disabled                       | No        |                             |                             |              | 100.0                           |                                       |       |  |  |

## Method of Reimbursement

|                    |      | Medicare |                     |     | edicaid<br>itle 19 |                     |     | Other |                     | I   | Private<br>Pay | :                   |     | amily<br>Care |                     |     | anaged<br>Care |                     |                         |       |
|--------------------|------|----------|---------------------|-----|--------------------|---------------------|-----|-------|---------------------|-----|----------------|---------------------|-----|---------------|---------------------|-----|----------------|---------------------|-------------------------|-------|
| Level of Care      | No.  | 96       | Per<br>Diem<br>(\$) | No. | %                  | Per<br>Diem<br>(\$) | No. | 0/0   | Per<br>Diem<br>(\$) | No. | 00             | Per<br>Diem<br>(\$) | No. | 0/0           | Per<br>Diem<br>(\$) | No. | olo            | Per<br>Diem<br>(\$) | Total<br>Resi-<br>dents | Of    |
| Int. Skilled Care  | 0    | 0.0      | 0                   | 0   | 0.0                | 0                   | 0   | 0.0   | 0                   | 0   | 0.0            | 0                   | 0   | 0.0           | 0                   | 0   | 0.0            | 0                   | 0                       | 0.0   |
| Skilled Care       | 3    | 100.0    | 268                 | 21  | 80.8               | 101                 | 0   | 0.0   | 0                   | 3   | 60.0           | 109                 | 0   | 0.0           | 0                   | 0   | 0.0            | 0                   | 27                      | 79.4  |
| Intermediate       |      |          |                     | 4   | 15.4               | 84                  | 0   | 0.0   | 0                   | 2   | 40.0           | 109                 | 0   | 0.0           | 0                   | 0   | 0.0            | 0                   | 6                       | 17.6  |
| Limited Care       |      |          |                     | 0   | 0.0                | 0                   | 0   | 0.0   | 0                   | 0   | 0.0            | 0                   | 0   | 0.0           | 0                   | 0   | 0.0            | 0                   | 0                       | 0.0   |
| Personal Care      |      |          |                     | 0   | 0.0                | 0                   | 0   | 0.0   | 0                   | 0   | 0.0            | 0                   | 0   | 0.0           | 0                   | 0   | 0.0            | 0                   | 0                       | 0.0   |
| Residential Care   |      |          |                     | 0   | 0.0                | 0                   | 0   | 0.0   | 0                   | 0   | 0.0            | 0                   | 0   | 0.0           | 0                   | 0   | 0.0            | 0                   | 0                       | 0.0   |
| Dev. Disabled      |      |          |                     | 1   | 3.8                | 149                 | 0   | 0.0   | 0                   | 0   | 0.0            | 0                   | 0   | 0.0           | 0                   | 0   | 0.0            | 0                   | 1                       | 2.9   |
| Traumatic Brain In | j 0  | 0.0      | 0                   | 0   | 0.0                | 0                   | 0   | 0.0   | 0                   | 0   | 0.0            | 0                   | 0   | 0.0           | 0                   | 0   | 0.0            | 0                   | 0                       | 0.0   |
| Ventilator-Depende | nt 0 | 0.0      | 0                   | 0   | 0.0                | 0                   | 0   | 0.0   | 0                   | 0   | 0.0            | 0                   | 0   | 0.0           | 0                   | 0   | 0.0            | 0                   | 0                       | 0.0   |
| Total              | 3    | 100.0    |                     | 26  | 100.0              |                     | 0   | 0.0   |                     | 5   | 100.0          |                     | 0   | 0.0           |                     | 0   | 0.0            |                     | 34                      | 100.0 |

PIONEER NURSING HOME

Title 19 (Medicaid) Funded Residents

Developmentally Disabled Residents

General Medical Service Residents

Private Pay Funded Residents

Nursing Care Required (Mean)

Mentally Ill Residents

Psychological Problems

Impaired ADL (Mean)

| *************************************** |      |  |               |       |                |   |           |  |  |  |  |  |
|---|------|--|---------------|-------|----------------|---|-----------|--|--|--|--|--|
| Admissions, Discharges, and             |      | Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02 |               |       |                |   |           |  |  |  |  |  |
| Deaths During Reporting Period          |      |  |               |       |                |   |           |  |  |  |  |  |
|   |      |  |               |       | % Needing      |   | Total     |  |  |  |  |  |
| Percent Admissions from:                |      | Activities of  | 90            | As    | sistance of    | % Totally                               | Number of |  |  |  |  |  |
| Private Home/No Home Health             | 7.0  | Daily Living (ADL)   | Independent   | One   | Or Two Staff   | Dependent                               | Residents |  |  |  |  |  |
| Private Home/With Home Health           | 1.8  | Bathing  | 0.0           |       | 58.8           | 41.2                                    | 34        |  |  |  |  |  |
| Other Nursing Homes                     | 3.5  | Dressing   | 5.9           |       | 67.6           | 26.5                                    | 34        |  |  |  |  |  |
| Acute Care Hospitals                    | 86.0 | Transferring   | 23.5          |       | 55.9           | 20.6                                    | 34        |  |  |  |  |  |
| Psych. HospMR/DD Facilities             | 0.0  | Toilet Use   | 14.7          |       | 67.6           | 17.6                                    | 34        |  |  |  |  |  |
| Rehabilitation Hospitals                | 0.0  | Eating   | 58.8          |       | 35.3           | 5.9                                     | 34        |  |  |  |  |  |
| Other Locations                         | 1.8  | *  | *****         | ***** | *****          | * | *****     |  |  |  |  |  |
| Total Number of Admissions              | 57   | Continence   |               | 용     | Special Treat  | ments                                   | 용         |  |  |  |  |  |
| Percent Discharges To:                  |      | Indwelling Or Extern   | nal Catheter  | 5.9   | Receiving Re   | espiratory Care                         | 5.9       |  |  |  |  |  |
| Private Home/No Home Health             | 12.9 | Occ/Freq. Incontiner   | nt of Bladder | 64.7  | Receiving T    | racheostomy Care                        | 0.0       |  |  |  |  |  |
| Private Home/With Home Health           | 3.2  | Occ/Freq. Incontiner   | nt of Bowel   | 35.3  | Receiving St   | uctioning                               | 0.0       |  |  |  |  |  |
| Other Nursing Homes                     | 3.2  |  |               |       | Receiving O    | stomy Care                              | 2.9       |  |  |  |  |  |
| Acute Care Hospitals                    | 50.0 | Mobility   |               |       | Receiving To   | ube Feeding                             | 0.0       |  |  |  |  |  |
| Psych. HospMR/DD Facilities             | 0.0  | Physically Restraine   | ed            | 11.8  | Receiving Me   | echanically Altered Diets               | 29.4      |  |  |  |  |  |
| Rehabilitation Hospitals                | 0.0  |  |               |       |                |   |           |  |  |  |  |  |
| Other Locations                         | 3.2  | Skin Care  |               |       | Other Resident | t Characteristics                       |           |  |  |  |  |  |
| Deaths                                  | 27.4 | With Pressure Sores  |               | 0.0   | Have Advance   | e Directives                            | 50.0      |  |  |  |  |  |
| Total Number of Discharges              |      | With Rashes  |               | 11.8  | Medications    |   |           |  |  |  |  |  |
| (Including Deaths)                      | 62   |  |               |       | Receiving Pa   | sychoactive Drugs                       | 58.8      |  |  |  |  |  |
|   |      |  |               |       |                |   |           |  |  |  |  |  |

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

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\* Ownership: Bed Size: Licensure: Skilled This Government Under 50 All Facility Peer Group Peer Group Peer Group Facilities 용 Ratio Ratio Ratio Ratio Occupancy Rate: Average Daily Census/Licensed Beds 85.7 84.6 1.01 84.2 1.02 86.7 0.99 85.1 1.01 Current Residents from In-County 0.85 58.8 55.3 1.06 68.6 0.86 69.3 76.6 0.77 Admissions from In-County, Still Residing 14.0 26.2 0.54 0.65 22.5 0.63 20.3 0.69 21.5 Admissions/Average Daily Census 158.3 2.62 123.5 1.28 102.9 1.54 133.4 1.19 60.4 Discharges/Average Daily Census 172.2 64.0 2.69 128.3 1.34 105.2 1.64 135.3 1.27 27.8 Discharges To Private Residence/Average Daily Census 19.7 1.41 35.5 0.78 40.9 0.68 56.6 0.49 Residents Receiving Skilled Care 79.4 85.5 0.93 78.6 1.01 91.6 0.87 86.3 0.92 Residents Aged 65 and Older 91.2 88.5 91.8 93.6 0.97 1.04 1.03 0.99 87.7

79.1

16.2

0.5

48.2

20.0

44.1

62.8

7.5

0.97

0.91

5.60

0.98

0.59

1.17

0.94

0.84

52.2

39.0

0.6

35.8

52.8

5.6

56.7

11.9 0.98

1.46

4.68

1.31

0.91

1.11

1.12

0.38

69.0

21.2

0.6

37.8

22.3

47.5

56.9

6.8

1.11

0.69

5.19

1.24

0.53

1.09

1.03

0.92

67.5

7.1

33.3

20.5

49.3

54.0

21.0 0.70

7.2 0.87

1.13

0.41

1.41

0.57

1.05

1.09

76.5

14.7

2.9

47.1

11.8

51.8

58.8

6.3